

FEDERAL FISHERIES PERMIT APPLICATION FORM
U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL MARINE FISHERIES SERVICE
PACIFIC ISLANDS REGION

OMB NUMBER: 0648-0204 For Office Use:
Expires: 12/31/2006 GC _____
Issued _____
Transmit _____

2006

Mail or deliver this application to:

NMFS Pacific Islands Regional Office
1601 Kapiolani Blvd., Suite 1110
Honolulu, Hawaii 96814-4700
Tel: (808) 944-2200 Fax: (808) 973-2941

(Check ☒ appropriate circle or circles for type of permit application)

1. **LOGLINE** - Hawaii Limited Entry Permit ☐ Application Processing Fee: \$48.00
(Make checks or money orders payable to: Dept. Of Commerce, NOAA)
General Longline Permit (Western Pacific) ☐
Receiving Vessel Permit ☐
Hawaii Closed Area Exemption ☐ (see reverse side of this page)
Pacific Remote Island Areas Troll & Handline ☐
2. **LOBSTER** - Northwestern Hawaiian Islands Limited Entry ☐ (see reverse side of this page)
Main Hawaiian Islands ☐ American Samoa, Guam ☐
3. **BOTTOMFISH** - Hoomalu Zone: ☐ Mau Zone: ☐ Mau Zone Application Processing Fee \$65.00
(Submit supplementary info sheet)
4. **PRECIOUS CORAL** ☐ Permit Area: _____

VESSEL NAME: _____ **VESSEL OFFICIAL NUMBER:** _____

VESSEL OWNER: _____
First & Last Name Social Security Number

Privacy Act Statement: Federal Regulations (at 50 CFR Part 660) authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. Where the requested information is a Social Security Number, disclosure is mandatory in accordance with the Debt Collection Act (31 U.S.C. 7701).

NAME OF CORPORATION OR PARTNERSHIP THAT OWNS VESSEL: _____

BUSINESS ADDRESS: _____
Street City State Zip Code

HOME ADDRESS: _____
Street City State Zip Code

BUSINESS PHONE NO. _____ **HOME PHONE NO.** _____ **FAX:** _____

VESSEL CAPTAIN: _____
First & Last Name Social Security Number

CAPTAIN'S MAILING ADDRESS: If same as owner's business address, check here: ☐

Street City State Zip Code

APPLICANT: _____ **DATE:** _____
Print Name & Signature of Vessel Owner

PERMIT TRANSFEROR: _____ **DATE:** _____
Print Name & Signature of Permit Owner Transferring Permit

Permit Number of Transferred Permit: _____

You must submit a copy of the vessel's current U.S. Coast Guard Certificate of Documentation (documented vessel) or registration certificate from state/territorial agency (for undocumented vessel) with this application form.

Federal Fisheries Application Form - Pacific Islands Region

SUPPLEMENTAL INFORMATION FOR:

**** MAIN HAWAIIAN ISLANDS LONGLINE FISHING PROHIBITED AREA EXEMPTION ******VESSEL:** _____**Basis for Exemption Eligibility (all boxes must be checked to be eligible):**

- ☐ Applicant currently holds a Hawaii longline limited entry permit
- ☐ Applicant was the owner or operator of a vessel that made landings of pelagic management unit species taken on longline gear prior to 1970 from waters now closed to longline fishing.
- ☐ Applicant was the owner or operator of a vessel that made landings of pelagic management unit species taken on longline gear in at least five (5) years since (and including) 1970 from waters now closed to longline fishing.
- ☐ Applicant was the owner or operator of a vessel that made at least 80 percent of its landings of longline-caught pelagic management unit species in any calendar year in waters now closed to longline fishing.

Document(s) demonstrating exemption eligibility is attached (check as many boxes as may apply):

- ☐ State of Hawaii Catch Reports ☐ Vessel fishing logs ☐ Auction receipts
- ☐ Signed affidavits ☐ Other (specify): _____

SIGNATURE OF APPLICANT: _____******* NORTHWESTERN HAWAIIAN ISLANDS LOBSTER LIMITED ENTRY PERMIT *******

If the application is being submitted on behalf of a partnership or corporation, indicate the names of all the owners and their respective percentage of ownership in the partnership or corporation:

VESSEL: _____**Name of Shareholder:****Percent (%)
of Ownership****Business Address:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIGNATURE OF APPLICANT: _____PAPERWORK REDUCTION ACT INFORMATION

Public reporting burden for this collection is estimated as follows: 30 minutes for Hawaii longline limited access permit renewal/transfer, longline general permit initial issuance/renewal, and receiving vessel permit initial issuance/renewal; 120 minutes for main Hawaiian Islands longline fishing prohibited area exemption; 30 minutes for Northwestern Hawaiian Islands crustaceans limited access permit transfer, main Hawaiian Islands and American Samoa/Guam crustacean permits; 30 minutes for precious coral permit initial/re-issuance (established, conditional, refugia, exploratory areas), Pacific remote island areas troll and handline; and 2 hours for all permit denial appeals. Each burden includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the is burden estimate any other aspects of this collection of information, including suggestions for reducing this burden, to NMFS Pacific Islands Regional Administrator, 1601 Kapiolani Blvd. Suite 1110, Honolulu, Hawaii 96814-4700.

This information is being collected to ensure accurate and timely records about the persons licensed to participate in fisheries under Federal regulations in the Western Pacific Region. This will enable NMFS and the Western Pacific Fishery Management Council to (a) determine who would be affected by changes in management; (b) inform license holders of changes in fishery regulations; and (c) determine whether the objectives of the fishery program are being achieved by monitoring entry and exit patterns and other aspects of the fisheries. The information is used in analyzing and evaluating the potential impacts of regulatory changes on persons in the regulated fisheries as well as in related fisheries. Responses to the collection are required to obtain the benefit of a license for the fishery involved (ref. 50 CFR 660.13). Data provided concerning the vessel and/or business of the respondents are handled as confidential under the Magnuson-Stevens Fishery Conservation and Management Act (Sec. 402(b)). Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

SUPPLEMENTARY INFORMATION FOR:

**Northwestern Hawaiian Islands Bottomfish Fishery:
Ho'omalulu Zone Limited Access Permit Application
Mau Zone Limited Access Permit Application**

VESSEL OWNER NAME: _____

VESSEL NAME: _____

HO'OMALU ZONE PERMIT APPLICATION:

Place a check (✓) mark alongside the criterion which provides the basis for your application.

1. New permit under historic participation or investment criteria

- _____ Owner of vessel which made at least one landing of NWHI bottomfish on or before 8/7/85; if permits are being requested for two or more vessels, documentation must show that each vessel made at least one landing of NWHI bottomfish each year in 1986 and 1987
- _____ Previously non-owner skipper of vessel which landed NWHI bottomfish on or before 8/7/85 and now owner (50% or greater interest) of vessel for bottomfish fishery
- _____ Incurred substantial expenditure, or received written commitment for loan, on or before 8/7/85, to obtain vessel for NWHI bottomfish fishery
- _____ Made an offer on or before 8/7/85 to purchase a vessel for use in the NWHI bottomfish fishery
- _____ Owner of vessel which qualified for Ho'omalulu Zone permit which was voluntarily surrendered by the owner to the Regional Administrator

2. New permit based on eligibility point system

- _____ Owner of 25% or greater interest in a vessel which may qualify on the basis of points earned through landings of bottomfish from the NWHI or main Hawaiian Islands

HO'OMALU ZONE OR MAU ZONE PERMIT APPLICATION

If this permit application is filed by a partnership or corporation, indicate the names of all the owners and their respective percentage of ownership of the partnership or corporation.

Name of Owner (Shareholder):

Percent (%)
of Ownership:

_____	_____
_____	_____
_____	_____
_____	_____

Signature of Vessel Owner or Designee: _____

**Northwestern Hawaiian Islands Bottomfish Fishery: Ho'omalulu Zone Limited Access
Permit and Mau Zone Limited Access Permit**

PAPERWORK REDUCTION ACT INFORMATION

Public reporting burden for this collection is estimated as follows: 1 hour for initial issuance, renewal, and landing waiver requests for the Hoomalu and Mau Zones limited access permits; 2 hours for all permit denial appeals. Each burden includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the is burden estimate any other aspects of this collection of information, including suggestions for reducing this burden, to NMFS Pacific Islands Regional Administrator, 1601 Kapiolani Blvd. Suite 1110, Honolulu, Hawaii 96814-4700.

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